

Appendix 2. Metabolife Serious Adverse Events

From: Cela Nash
Posted At: Thursday, October 21, 1999 3:10 PM
Conversation: Redacted Onset of Seizure disorder
Posted To: Medical Group

Subject: Redacted Onset of Seizure disorder

Sensitivity: Private

Categories: Seizure

Redacted will call back

165 lb female, took 1 tab bid for about six wks starting in april. Had first seizure in late may; no hx seizure disorder. Still having seizures at this time; working with neurologist to determine cause. md unaware of met use.

Inst to make md aware of met use; she will call us back and may have her md call when her eval is complete.

CONFIDENTIAL

MIPER015281

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Christal Kerrigan
Posted At: Monday, October 18, 1999 4:38 PM
Conversation: Redacted
Posted To: Medical Group
Subject: Redacted

Redacted, 40yr. old female, 5'2", 169lbs. reports "I had a grand mal seizure, ended up with the paramedics taking me to the hospital, had a neurology consult, all negative so the Dr. thought it was from the met and the ativan I'm on. I don't want this to happen to anyone else." I questioned her further Have you had seizures before? I had them as a child [febrile] not anymore. I was on 3 servings, 3x/day. for 10 days. I took it with my meals and drank lots of water. are you on any other meds? Yes, entex la and I have a thyroid problem" I told her we didn't recommend it unless she told her dr. the active ingredients. she said she did and her dr. approved it, the dr. was surprised too! She also drank 2 sodas" a day. I let her vent awhile and said not every thing in life can be predicted even by a dr. She agreed and stated "this was a wake up call, I'm going to a natural healer and cleanse except for ativan. I mentioned that ativan can be addictive and she said she knew that. She was satisfied when she hung up.

CONFIDENTIAL

MIPER015345

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Bruce Cartier
Posted At: Thursday, October 14, 1999 8:09 AM
Conversation: cardiopulmonary arrest
Posted To: Medical Group

Subject: cardiopulmonary arrest

Sensitivity: Private

Redacted, calling for a doctor from Redacted. called to question whether there were any known effects from withdrawing Metabolife suddenly- I responded that usually we recommend that individuals taper off Metabolife when stopping as they may experience a decrease in energy- she responded and stated that she has a Metabolife customer who experienced cardiopulmonary arrest after apparently discontinuing suddenly from 6-8 caps a day to 1-2 caps or nothing qd- Denise states the customer works as a sheriff's officer and little else is known - she does have a bottle and list of ingredients at hand & is aware the 2 main ingredients are ephedrine and caffeine I requested that she call us back and speak to us if there are any changes She provide her number upon request Redacted

CONFIDENTIAL

MIPER015409

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Bruce Cartier
Posted At: Tuesday, September 14, 1999 1:16 PM
Conversation: **Redacted** heart attack
Posted To: Medical Group

Subject: **Redacted** heart attack

Sensitivity: Private

information provided by daughter who is attempting to get refund for 2 bottles
one purchased on April 28th and one bottle on May 17th

Redacted **Redacted**
customer's dgtr reports father taking unknown amt of met for approx 1 1/2 months- unknown dietary intake but states he
drinks a lot of water, drinks no caffeine- no hx of heart problems- was doing mild activity on June 5th, had chest pain and
went to hospital dx'd with heart attack-
instructed dgtr that will send a medical release form and to return this with as much information as possible and also
purchase information (date, place, amt) and we will facilitate this process

CONFIDENTIAL

MIPER016006

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cela Nash
Posted At: Wednesday, May 19, 1999 1:23 PM
Conversation: REDACTED Myocardial Infarction
Posted To: Medical Group

Subject: REDACTED Myocardial Infarction

Categories: Myocardial Infarction

59 yr old female, 5'7", 181 lbs, took 1 met tab tid since last summer. does not have primary physician. Has experienced no weight loss since that time. Approx 1 month after she began met, experienced some low back pain; returned to mall where salesperson inst her to drink more water. Water intake adequate, minimal additional caffeine, fair protein intake. No previous medical hx, no meds, no allergies. Experienced occ SOB during time she took met. On May 1st in the afternoon she began experiencing "Fullness in the chest;" gradually became worse, extending to her arms, head, and neck. 3 hrs later her husband came home and took her to a walk-in clinic where the md there looked at the met bottle and told her, "there's lots of stuff in here that can hurt your heart." She was admitted to a hospital where she was dx with myocardial infarction. She was transferred to a hospital in Phoenix, AZ for angioplasty. She was d/c'd with med regime of zestril, isosorbide, plavix, asa. She does not know any of her attending md's names or phone #s. Inst to be very careful taking otc meds which also contain ephedrine.

REDACTED

CONFIDENTIAL

MIPER017002

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cela Nash
Posted At: Tuesday, August 03, 1999 4:23 PM
Conversation: Seizure
Posted To: Medical Group

Subject: Seizure

Sensitivity: Private

Categories: Seizure

51 yr old female, 5'8", 170 lbs, took 1 tab bid for about 3 weeks, then had a seizure. Has seizure disorder; takes 5 mg clonazepam qd to control seizures. When she bought product, salesperson pointed out 1-800 health line, inst her to call if she had any medical conditions. She did not call. She also did not inform her md. Inst to be very cautious with any caffeine and/or ephedrine product; to always clear anything through her physician. She states she knows the experience was due to her actions; is not seeking any compensation.

CONFIDENTIAL

MIPER016461

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cat McCollum
Posted At: Wednesday, July 21, 1999 4:11 PM
Conversation: *Redacted* Stroke
Posted To: Medical Group
Subject: *Redacted* Stroke
Sensitivity: Private
Categories: Stroke

Reported by Ms. Blatchford, her cousin, a *Redacted*

29 y.o. F, in otherwise good health, weight unknown. Taking Met 8 days, 6/day. Suffered CVA. Apparently 2 of her friends also suffered CVAs while taking Met at approximately the same time. One also had an MI. Doctors cannot attribute CVA to Met, but advised her to D/C Met as well as Depo shots. All tests WNL, cannot determine cause of CVA.

Michelle *Redacted*

Her cousin will request that she call us.

CONFIDENTIAL

MIPER016593

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Rose San Pedro
Posted At: Monday, July 12, 1999 3:55 PM
Conversation: *Redacted* / seizure episode and headache *Redacted*
Posted To: Medical Group
Subject: *Redacted* / seizure episode and headache *Redacted*
Categories: seizure episode and headache

150 lbs. female reported that she started taking Met on Friday 7/9, was taking 2 caplets before breakfast and 1 caplet before lunch. On Sat, appar. started having severe headache and had seizure episode. Denies having any HX of epilepsy or any seizure disorder, nor any health prob. She discont. Met yesterday Sunday, claims that she still cont. to have headaches, req. to speak to M.D.
Recom. to stop Met and not to take it ever again and see physician for check up.

CONFIDENTIAL

MIPER016653

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Rose San Pedro
Posted At: Tuesday, July 06, 1999 10:07 AM
Conversation: *Redacted* / seizure exac.
Posted To: Medical Group

Subject: *Redacted* / seizure exac.

Categories: seizure exac.

192 lbs.on Met. was taking 1 caplet twice a day for 11 mos., she said she lost 15 lbs.,reported 4 seizure episodes for the whole month of June,claims that she's epileptic and takes dilantin 30 mg and phenobarbital daily,did'nt have any seizure episode for over a yr. until last mo, Recom.stop Met.

CONFIDENTIAL

MIPER016703

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cela Nash
Posted At: Thursday, June 03, 1999 11:35 AM
Conversation: REDACTED Seizure
Posted To: Medical Group

Subject: REDACTED Seizure

Categories: Seizure

25 yr old female, 5'8", 145 lbs, had been taking 1-2 met tabs per day for the last 2 weeks for energy. Had a seizure, fell and injured head, went to hospital, staples and sutures placed in head. No hx epilepsy, or family hx. Has mitral valve prolapse. Nka. Taking prozac daily; had read label, noted that met not to be taken with maos, no mention of ssris. Water, caffeine, protein intake all within guidelines. she is a nutrition/fitness professional, has taken other ephedrine products without problems, but not at the same time as prozac. Has d/c'd met. Inst that met works by stimulating cns, can lower seizure threshold. Her eeg test is pending.

REDACTED

CONFIDENTIAL

MIPER016897

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cela Nash
Posted At: Monday, May 24, 1999 10:46 AM
Conversation: REDACTED Seizure
Posted To: Medical Group

Subject: REDACTED Seizure

Categories: Seizure

Took met approx 1 week. Had seizure while in movie theater; several mds in the theater; all said she had had a seizure; 911 was called. No hx seizure disorder. Unable to obtain further info at this time as her sister is one who called - customer is supposed to call back.

CONFIDENTIAL

MIPER016970

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cela Nash
Posted At: Wednesday, May 19, 1999 1:23 PM
Conversation: REDACTED Myocardial Infarction
Posted To: Medical Group

Subject: REDACTED Myocardial Infarction

Categories: Myocardial Infarction

59 yr old female, 5'7", 181 lbs, took 1 met tab tid since last summer. does not have primary physician. Has experienced no weight loss since that time. Approx 1 month after she began met, experienced some low back pain; returned to mall where salesperson inst her to drink more water. Water intake adequate, minimal additional caffeine, fair protein intake. No previous medical hx, no meds, no allergies. Experienced occ SOB during time she took met. On May 1st in the afternoon she began experiencing "Fullness in the chest;" gradually became worse, extending to her arms, head, and neck. 3 hrs later her husband came home and took her to a walk-in clinic where the md there looked at the met bottle and told her, "there's lots of stuff in here that can hurt your heart." She was admitted to a hospital where she was dx with myocardial infarction. She was transferred to a hospital in Phoenix, AZ for angioplasty. She was d/c'd with med regime of zestril, isosorbide, plavix, asa. She does not know any of her attending md's names or phone #s. Inst to be very careful taking otc meds which also contain ephedrine.

REDACTED

CONFIDENTIAL

MIPER017002

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cela Nash
Posted At: Wednesday, April 14, 1999 4:22 PM
Conversation: REDACTED calling re wife - seizures
Posted To: Medical Group
Subject: REDACTED calling re wife - seizures
Categories: Numbness, Seizure

Husband called stating wife had been hospitalized 3 times with seizures, numbness on one side. She had not thought to inform any md re met use. Explained to husband that met is a cns stimulant and may lower seizure threshold; he stated wife's brain scans show no evidence of seizure disorder when off met. Matter referred to Dr. Smith.

REDACTED

CONFIDENTIAL

MIPER017369

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Dan Rodriguez
Posted At: Monday, February 22, 1999 7:59 AM
Conversation: seizure
Posted To: Medical Group
Subject: seizure

REDACTED and her sister both take Met REDACTED reports th REDACTED ad a seizure recently. The mother will call in the details later. REDACTED doesn't eat right or at all and is not sure how she takes it. she chose to leave the reporting to the mother.

disposition: asked for further details.

CONFIDENTIAL

MIPER017752

Appendix 2. Metabolife Serious Adverse Events (continued)

| Address Information | | | | |
|--|-----------------|--------------|--------------------------|--------------------------|
| Address Line 1 | Address Line | City | State | Zip |
| Redacted | | | | |
| Recommendations | | | | |
| Current Water Intake oz | Caffeine Intake | Current Diet | Increase Water | High Protein |
| 8 | 0 | diabetic | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other Recommendations | | | | |
| <input type="checkbox"/> Ok to call back <input type="checkbox"/> Do not call back <input type="checkbox"/> Customer Understand Recommendation <input type="checkbox"/> Eat w/10min to 1hr | | | | |
| <input type="checkbox"/> Usage Guidelines Sent <input type="checkbox"/> Declined Usage Guidelines <input type="checkbox"/> Customer to Call Meta PR <input type="checkbox"/> Ate After 1hr <input type="checkbox"/> Did Not Eat | | | | |
| Medical History | | | | |
| Medications | Medical History | Comments | | |
| Glucophage | Diabetes | | | |
| Glucotrol | | | | |
| <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Dizziness <input type="checkbox"/> Irregular Heartbeat <input type="checkbox"/> Pregnancy on BCP | | | | |
| <input type="checkbox"/> Abnorm Lab Values <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Irritability <input type="checkbox"/> Pruritis | | | | |
| <input type="checkbox"/> Acne <input type="checkbox"/> Edema <input type="checkbox"/> Joint Pain <input type="checkbox"/> Psychosis | | | | |
| <input type="checkbox"/> Addiction <input type="checkbox"/> Elevated Liver Functions <input type="checkbox"/> Joint Stiffness- General <input type="checkbox"/> Rash | | | | |
| <input type="checkbox"/> Anesthesia Complication <input type="checkbox"/> Excitation <input type="checkbox"/> Joint Stiffness - Local <input type="checkbox"/> Seizure | | | | |
| <input type="checkbox"/> Anxiety <input type="checkbox"/> Eye Twitching <input type="checkbox"/> Joint Swelling - General <input type="checkbox"/> Sexual Dysfunction | | | | |
| <input type="checkbox"/> Back Pain <input type="checkbox"/> Facial Swelling <input type="checkbox"/> Joint Swelling - Local <input type="checkbox"/> Shortness of Breath | | | | |
| <input type="checkbox"/> Bloating/Gas <input type="checkbox"/> Fatigue <input type="checkbox"/> Kidney Stones <input checked="" type="checkbox"/> Stroke | | | | |
| <input type="checkbox"/> Blood in Stool <input type="checkbox"/> Fever <input type="checkbox"/> Liver Enzyme Elevation <input type="checkbox"/> Sweating | | | | |
| <input type="checkbox"/> Blood in Urine <input type="checkbox"/> Fluid Retention <input type="checkbox"/> Menstrual Irregularity <input type="checkbox"/> Tachycardia | | | | |
| <input type="checkbox"/> Breast Pain <input type="checkbox"/> Glaucoma <input type="checkbox"/> Mood Swings <input type="checkbox"/> Tingling Hands | | | | |
| <input type="checkbox"/> Bruising <input type="checkbox"/> Hair Loss <input type="checkbox"/> Muscle Cramps -General <input type="checkbox"/> Tinnitus | | | | |
| <input type="checkbox"/> Chest Pain <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Cramps - Leg <input type="checkbox"/> Tremors | | | | |
| <input type="checkbox"/> Chills <input type="checkbox"/> Heart Burn <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Urinary Infection | | | | |
| <input type="checkbox"/> Cold Hands <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Nausea <input type="checkbox"/> Urine Retention | | | | |
| <input type="checkbox"/> Constipation <input type="checkbox"/> Hives <input type="checkbox"/> NoseBleeds <input type="checkbox"/> Vasodilation | | | | |
| <input type="checkbox"/> Cough <input type="checkbox"/> Hypertension <input type="checkbox"/> Numbness <input type="checkbox"/> Vision Disturbance | | | | |
| <input type="checkbox"/> Death <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Palpitations <input type="checkbox"/> Vomiting | | | | |
| <input type="checkbox"/> Diarrhea <input type="checkbox"/> Insomnia <input type="checkbox"/> Parestsias <input type="checkbox"/> Yeast Infection | | | | |
| <input type="checkbox"/> No Weight Loss/Gain | | | | |
| Other/Comments: | | | | |
| <input type="checkbox"/> Medical Release Form Sent <input type="checkbox"/> Customer Denies any other signs or Symptoms | | | | |
| Long Comments: | | | | |
| 53 yr. Oldfemale reports "I had a stroke from metabolife. I was on it since 1 yr. Ago last Aug.. MY DR. said it was due to the met." WT. 228lbs. Weight-228 lbs 1yr. Ago, now 189lbs. Customer stated she was a Diabetic when she started met and her DR. agreed to supervise her on it. NO hx of hypertension, both parents died of heart attacks. On Glucophage and Glucotrol, no other meds. Costomer states "I was doing well for the first few mos. The DR. was checking my Bp and it was o.k. 2 mos. Ago, I started gaining weight and my blood sugar started going up. I was checking it at home and it went up to 168-180. I was just going to stop taking it when I started having tingling in my rt. Hand and one side of my mouth. I called the DR. went to E.R. My bp was 223/123. I got some medicine and they sent me home. I got worse and was taken to E.R. They did a cat scan and M.R.I. The DR. Said it showed I had A minor stroke." Reports being in hospital 5 days. Residual effects-no paralysis, Speech not affected, experienced tingling in mouth and mild weakness Rt. Hand. Customer relayed facts in a low key manner. I told her we would be in touch with her. | | | | |

CONFIDENTIAL

MIPER018199

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

| | | | | | | | |
|-------------------|----------|-------------------|-----|---------------------------|---|-------------------------|------|
| First Name | | AGE(years) | 28 | Current Dose | 2 | Times per day | TID |
| Last Name | Redacted | WT(LBS) | 125 | Suggested Dose | 0 | SD Times per day | |
| | | HT(INCHES) | 0 | TIME ON METABOLIFE | 5 | UNITS | DAYS |

| | | | | | | |
|-------------|----------|--------------------|-------------------------------------|-------------------------------|-------------------------------------|--------------------|
| USER | linda | D/C met use | <input checked="" type="checkbox"/> | Chinac formula | <input type="checkbox"/> | formula |
| Date | 11/8/199 | Time | 4:28:14 P | Refund Policy Reviewed | <input checked="" type="checkbox"/> | 356 +Chinac |

Recommendations

| | | | | | |
|--------------------------------|------------------------|---------------------|--------------------------|--------------------------|---|
| Current Water Intake oz | Caffeine Intake | Current Diet | Increase Water | High Protein | Other Recommendations |
| 8 | 0 | 3 meals w/ protein | <input type="checkbox"/> | <input type="checkbox"/> | D/C's product per MD/Neurologists (grand mal seizure) |

| | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Ok to call back | <input type="checkbox"/> Do not call back | <input type="checkbox"/> Customer Understand Recommendation | <input type="checkbox"/> Eat w/10min to 1hr |
| <input type="checkbox"/> Usage Guidelines Sent | <input type="checkbox"/> Declined Usage Guidelines | <input checked="" type="checkbox"/> Customer to Call Meta PR | <input type="checkbox"/> Ate After 1hr |
| | | | <input type="checkbox"/> Did Not Eat |

Medical History

| | | |
|--------------------|------------------------|------------------------|
| Medications | Medical History | Comments |
| Inhalers | Asthma | No past hx of seizures |

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Proctitis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness - General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness - Local | <input checked="" type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps -General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urine Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Parestrias | <input type="checkbox"/> Yeast Infection |

Other/Comments:

| | |
|--|---|
| <input type="checkbox"/> Medical Release Form Sent | <input checked="" type="checkbox"/> Customer Denies any other signs or Symptoms |
|--|---|

Long Comments:

Respiratory Therapists. Took Met 5 days, 2 bid. Per MD had a grand mal seizure. Took to hospital/CT/heart monitor. No hx of seizures. D/C'd Met and is following up with MD. Wanted a refund, called Dist. Services & authorized refund.

CONFIDENTIAL

MIPER018335

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

| | | | | | | | |
|------------|----------|-------------|-------------------------------------|------------------------|--------------------------|------------------|--------------------------|
| First Name | | AGE(years) | 0 | Current Dose | 1 | Times per day | 2 x wk |
| Last Name | Redacted | WT(LBS) | 110 | Suggested Dose | 0 | SD Times per day | |
| | | HT(INCHES) | 62 | TIME ON METABOLIFE | 6 | UNITS | MONTHS |
| USER | rose | D/C met use | <input checked="" type="checkbox"/> | Chinnac formula | <input type="checkbox"/> | formula | |
| Date | 1/17/200 | Time | 8:29:03 A | Refund Policy Reviewed | <input type="checkbox"/> | 356 +Chinnac | <input type="checkbox"/> |

Recommendations

| | | | | | |
|---|--|--|---|--------------------------------------|------------------------------|
| <u>Current Water</u> | <u>Caffeine Intake</u> | <u>Current Diet</u> | <u>Increase Water</u> | <u>High Protein</u> | <u>Other Recommendations</u> |
| Intake oz | | | | | |
| 8 | 0 | 2 meals | <input checked="" type="checkbox"/> | <input type="checkbox"/> | See MD for follow up |
| <input type="checkbox"/> Ok to call back | <input type="checkbox"/> Do not call back | <input type="checkbox"/> Customer Understand Recommendations | <input type="checkbox"/> Eat w/10min to 1hr | | |
| <input checked="" type="checkbox"/> Usage Guidelines Sent | <input type="checkbox"/> Declined Usage Guidelines | <input type="checkbox"/> Customer to Call Meta PR | <input type="checkbox"/> Ate After 1hr | <input type="checkbox"/> Did Not Eat | |

Medical History

| | | |
|------------------------|---------------------------------------|--|
| <u>Medications</u> | <u>Medical History</u> | <u>Comments</u> |
| Multiple Vitamins Sup. | Denies any pre-existing medical prob. | Claims she's a R.N. works q nights takes Met 1 caplet 2x week for energy, had a seizure episode 1/12/00 and was tested for drugs/urine test was positive for amphetamine |

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness - Local | <input checked="" type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps -General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urine Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Parestias | <input type="checkbox"/> Yeast Infection |

Other/Comments: requesting info. about Met,she blames Met as cause of her seizure

☐ Medical Release Form Sent ☒ Customer Denies any other signs or Symptoms

☐ No Weight Loss/Gain

CONFIDENTIAL

MIPER018962

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

| | | | | | | |
|------------|------------|-----|--------------------|---|------------------|-----|
| First Name | AGE(years) | 40 | Current Dose | 1 | Times per day | BID |
| Last Name | WT(LBS) | 150 | Suggested Dose | 0 | SD Times per day | |
| | HT(INCHES) | 65 | TIME ON METABOLIFE | 1 | UNITS | DAY |

USER romana D/C met use ☒ Chinac formula ☐ formula
 Date 1/31/200 Time 2:31:52 P Refund Policy Reviewed ☒ 356 +Chinac ☐

Recommendations

| | | | | | |
|-------------------------|-----------------|--------------|--------------------------|--------------------------|--|
| Current Water Intake oz | Caffeine Intake | Current Diet | Increase Water | High Protein | Other Recommendations |
| 0 | | | <input type="checkbox"/> | <input type="checkbox"/> | Not recommended for her was transferred to Dan Rodriguez |

☐ Ok to call back ☐ Do not call back ☐ Customer Understand Recommendation ☐ Eat w/10min to 1hr
☐ Usage Guidelines Sent ☐ Declined Usage Guidelines ☐ Customer to Call Meta PR ☐ Ate After 1hr ☐ Did Not Eat

Medical History

| | | |
|-------------|-----------------|---|
| Medications | Medical History | Comments |
| Depakote | Seizure | Had taken the M356 for 1 day 1 yr. Ago and c/o massive seizures that day. |

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abnorm Lab Values <input type="checkbox"/> Acne <input type="checkbox"/> Addiction <input type="checkbox"/> Anesthesia Complication <input type="checkbox"/> Anxiety <input type="checkbox"/> Back Pain <input type="checkbox"/> Bloating/Gas <input type="checkbox"/> Blood in Stool <input type="checkbox"/> Blood in Urine <input type="checkbox"/> Breast Pain <input type="checkbox"/> Bruising <input type="checkbox"/> Chest Pain <input type="checkbox"/> Chills <input type="checkbox"/> Cold Hands <input type="checkbox"/> Constipation <input type="checkbox"/> Cough <input type="checkbox"/> Death <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Dizziness <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Edema <input type="checkbox"/> Elevated Liver Functions <input type="checkbox"/> Excitation <input type="checkbox"/> Eye Twitching <input type="checkbox"/> Facial Swelling <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Fluid Retention <input type="checkbox"/> Glaucoma <input type="checkbox"/> Hair Loss <input type="checkbox"/> Headache <input type="checkbox"/> Heart Burn <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Hives <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Insomnia | <input type="checkbox"/> Irregular Heartbeat <input type="checkbox"/> Irritability <input type="checkbox"/> Joint Pain <input type="checkbox"/> Joint Stiffness- General <input type="checkbox"/> Joint Stiffness - Local <input type="checkbox"/> Joint Swelling - General <input type="checkbox"/> Joint Swelling - Local <input type="checkbox"/> Kidney Stones <input type="checkbox"/> Liver Enzyme Elevation <input type="checkbox"/> Menstrual Irregularity <input type="checkbox"/> Mood Swings <input type="checkbox"/> Muscle Cramps -General <input type="checkbox"/> Muscle Cramps - Leg <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Nausea <input type="checkbox"/> NoseBleeds <input type="checkbox"/> Numbness <input type="checkbox"/> Palpitations <input type="checkbox"/> Parestriasias | <input type="checkbox"/> Pregnancy on BCP <input type="checkbox"/> Prupitis <input type="checkbox"/> Psychosis <input type="checkbox"/> Rash <input checked="" type="checkbox"/> Seizure <input type="checkbox"/> Sexual Disfunction <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Stroke <input type="checkbox"/> Sweating <input type="checkbox"/> Tachycardia <input type="checkbox"/> Tingling Hands <input type="checkbox"/> Tinnitus <input type="checkbox"/> Tremors <input type="checkbox"/> Urinary Infection <input type="checkbox"/> Urine Retention <input type="checkbox"/> Vasodilation <input type="checkbox"/> Vision Disturbance <input type="checkbox"/> Vomiting <input type="checkbox"/> Yeast Infection <input type="checkbox"/> No Weight Loss/Gain |
|---|--|--|--|

Other/Comments: c/o seizure
☐ Medical Release Form Sent ☒ Customer Denies any other signs or Symptoms

Long Comments:

Was admitted in the acute hospital ICU unconscious for 4 days when she started the M356 for 1 day.

CONFIDENTIAL

MIPER019149

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

First Name **AGE(years)** 48 **Current Dose** 2 **Times per day** TID
Last Name REDACTED **WT(LBS)** 200 **Suggested Dose** 0 **SD Times per day**
HT(INCHES) 0 **TIME ON METABOLIFE** 2 **UNITS** WEEKS
USER bruce **D/C met use** ☒ **Chinac formula** ☐ **formula**
Date 4/10/200 **Time** 7:17:04 P **Refund Policy Reviewed** ☒ **356 + Chinac** ☐

Address Information

Address Line 1 **Address Line** **City** **State** **Zip**
 REDACTED

Recommendations

Current Water **Caffeine Intake** **Current Diet** **Increase Water** **High Protein** **Other Recommendations**
Intake oz 6 **2 cups coffee** **toawt for brkfst, adequate lunch /dinner** ☒ ☒ **stop do not take again**

☒ **Ok to call back** ☐ **Do not call back** ☒ **Customer Understand Recommendation** ☐ **Eat w/10min to 1hr**
☐ **Usage Guidelines Sent** ☐ **Declined Usage Guidelines** ☒ **Customer to Call Meta PR** ☐ **Ate After 1hr** ☐ **Did Not Eat**

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness - Local | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Disfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bristing | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps -General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input checked="" type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urine Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Parestrias | <input type="checkbox"/> Yeast Infection |

Other/Comments:

☐ **Medical Release Form Sent** ☐ **Customer Denies any other signs or Symptoms**

Long Comments:

wife calling to get refund, husband in hospital secondary MI

CONFIDENTIAL

MIPER020416

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

| | | | | | |
|------------|------------|-----|--------------------|---|------------------|
| First Name | AGE(years) | 0 | Current Dose | 0 | Times per day |
| Last Name | WT(LBS) | 130 | Suggested Dose | 0 | SD Times per day |
| | HT(INCHES) | 0 | TIME ON METABOLIFE | 2 | UNITS WEEKS |

| | | | | | | |
|------|-------------------------|------------------------|-------------------------------------|----------------|--------------------------|---------|
| USER | cela | D/C met use | <input checked="" type="checkbox"/> | Chinac formula | <input type="checkbox"/> | formula |
| Date | 5/2/2000 Time 1:36:14 P | Refund Policy Reviewed | <input checked="" type="checkbox"/> | 356 +Chinac | <input type="checkbox"/> | |

Recommendations

| | | | | | |
|----------------------|------------------------|---------------------|--------------------------|--------------------------|------------------------------|
| <u>Current Water</u> | <u>Caffeine Intake</u> | <u>Current Diet</u> | <u>Increase Water</u> | <u>High Protein</u> | <u>Other Recommendations</u> |
| Intake of | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 0 | | | | | |

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Ok to call back | <input checked="" type="checkbox"/> Do not call back | <input checked="" type="checkbox"/> Customer Understand Recommendation | <input type="checkbox"/> Eat w/10min to 1hr |
| <input type="checkbox"/> Usage Guidelines Sent | <input type="checkbox"/> Declined Usage Guidelines | <input type="checkbox"/> Customer to Call Meta PR | <input type="checkbox"/> Ate After 1hr <input type="checkbox"/> Did Not Eat |

Medical History

| | | |
|--------------------|------------------------|-----------------|
| <u>Medications</u> | <u>Medical History</u> | <u>Comments</u> |
| none | | |

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness - General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness - Local | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps -General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urine Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input checked="" type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Parestsias | <input type="checkbox"/> Yeast Infection |

Other/Comments:

| | |
|--|--|
| <input type="checkbox"/> Medical Release Form Sent | <input type="checkbox"/> Customer Denies any other signs or Symptoms |
|--|--|

Long Comments:

experienced loss of vision on one side of face. Md told cust she was having "mini-strokes" and inst to d/c

CONFIDENTIAL

MIPER020763

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

| | | | | | |
|------------|------------|----|--------------------|---|------------------|
| First Name | AGE(years) | 18 | Current Dose | 0 | Times per day |
| Last Name | WT(LBS) | 0 | Suggested Dose | 0 | SD Times per day |
| | HT(INCHES) | 0 | TIME ON METABOLIFE | 0 | UNITS |

| | | | | | | |
|------|---------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| USER | cat | D/C met use | <input type="checkbox"/> | Chinac formula | <input type="checkbox"/> | formula |
| Date | 5/4/2000 Time | 9:46:02 A | Refund Policy Reviewed | <input type="checkbox"/> | 356 +Chinac | <input type="checkbox"/> |

Medical History

| | | |
|--------------------|------------------------|-----------------|
| <u>Medications</u> | <u>Medical History</u> | <u>Comments</u> |
| none | none | |

Long Comments:

Mother . REDACTED states REDACTED had grand mal seizure last night CT scan (-). Was taking Met, but mother has no details. Instr her to bring bottle to hospital, show it to attending doctor.

CONFIDENTIAL

MIPER020812

Appendix 2. Metabolife Serious Adverse Events (continued)

November 23, 1999

Dear Sirs:

My name is REDACTED and my distributor number is REDACTED. As per your request I am writing you this letter to inform you that I wish not to be affiliated with your company or product line in no way shape or form.

on November 21, 1999 I suffered a grand mal seizure and had to be transported to the hospital by ambulance. after undergoing a CAT scan, EKG, MRI, & EEG. and finding no apparent reason for me to start having seizures out of the blue, and the fact that my physician has on average treated at least 5-6 new patients per week (ALL OF WHOM ARE TAKING METABOLIFE) ,and all of whom are taking your products are led to believe that it is directly caused by them.

I am 29 years old and am a non-drinker and do not use any drugs prescription or otherwise. I have no prior medical history which could account for the collapse.

as requested I am writing to let you know that I would like a full refund for all the enclosed metabolife. and would like to resign as a distributor. It is against my better judgment to continue to disperse that which could cause such terrible repercussions. I feel that I have ethic and moral responsibility to step down

I would also request that after I receive all of the rest of my test results ,and let you review them that you would do the right thing and compensate me for my pain and suffering also. I hope that we can come to some civil compromise and resolve this matter without ,bringing in outside parties (which I am Prepared to do) in a fast and courteous manner

After re-reading the label several times The only warnings I could find were If you were pregnant or nursing , high blood pressure ,heart or thyroid disease , diabetes, or prostate problems. At no place does it mention any warning to people epilepsy or any other kind of seizure

CONFIDENTIAL

MIPER020864

Appendix 2. Metabolife Serious Adverse Events (continued)

METABOLIFE INTERNATIONAL, INC. TM

REPORT OF ALLEDGED EFFECT

PERSON REPORTING _____ RELATION TO CLIENT self
 CLIENT _____ REDACTED AGE 38 WT 172 HT 5'3" PHONE _____ REDACTED
 ADDRESS _____ REDACTED
 HOSPITAL _____ ADDRESS _____
 DATES OF SERVICE 9/4/99 PHYSICIAN _____
surgery 9/10/99 PHONE _____

STATEMENT OF EXPERIENCE
80% collapsed Cor. Art Main - was having chest pains -> to ER -> card cath.
-> 2 days & have stent placed. Rv in Hosp. said other pts had problems
also heart. Angio plasty. She has considered putting out an ad
for other pts. - negative exp.
 PAST MEDICAL HISTORY
PHX - DMEDS -

MEDICATIONS ANAPROX PAIN MOUSERS (now on numerous heart and anticoag. meds)

HERBS _____ CAFFEINE _____
 VITAMINS _____ OTC _____

PRODUCT USE HISTORY tried 2nd started in April - lost 13#
#CAPS 1-2/day TIMING 1 BID DURATION 3-4 wks. WATER INTAKE 8 glasses
BREAKFAST ate fruit, LUNCH sandwich DINNER chicken appetite

PREVIOUS RECOMMENDATIONS BY: DISTRIBUTOR _____ HEALTHLINE _____ OTHER _____

REPORT TAKEN BY QKD DATE 10/11/99 TIME 1500

FAX MED. RELEASE FOR DOCS. : call her back w/ wk of docs rec'd.

CONFIDENTIAL

MIPER020918

Appendix 2. Metabolife Serious Adverse Events (continued)

REDAI
ATTORNEYS AT LAW
A Professional Corporation

REDAI

REDAI

May 13, 1998

Metabolife International, Inc.
5070 Santa Fe Street
San Diego, CA 92109

CERTIFIED MAIL RETURN
RECEIPT REQUESTED

REDAI

Makes Cents
Metabolife Independent Distributors

CERTIFIED MAIL RETURN
RECEIPT REQUESTED

REDAI

REDAI

Dear Sir or Madam:

Please be advised that I have been hired by REDAI to represent her in regard to a claim for personal injuries arising out of her use of the Metabolife product which she purchased from the REDAI location on May 6, 1998. The drug caused REDAI to have a series of seizures. The first seizure occurred while REDAI control of her automobile and it left the roadway injuring REDAI her daughter-in-law and her grandchild. REDAI subsequently had two additional seizures. REDAI has received medical care and is off work and prohibited from driving. According to REDAI physicians, REDAI may have further seizures in the future.

REDAI has no history of seizures and no significant medical history. According to REDAI physicians, it was your drug that caused her to go into seizure.

Please have your attorney, claims representative or insurance company contact me in regard to this matter.

Sincerely,

REDAI

REDAI

REDAI

REDAI

CONFIDENTIAL

MIPER020979

Appendix 2. Metabolife Serious Adverse Events (continued)

7-29-98

REDAI

REDAI

Customer #

REDAI

fax and mail

Please cancel all orders of
Metabolife as the man who
was taking them has now
suffered a heart attack and
is in the hospital, so I
and the doctors do not want
him to take these pills.

The credit card company
will also be notified

Thank you

REDAI

REDAI

REDAI

REDAI

REDAI

RECEIVED

JUL 31 1998

John

CONFIDENTIAL

MIPER021010

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

2/11/14
Date: 2/11/14
Name: _____ Age: _____ Ht.: _____ Ph#: _____
Meds: _____ C.C.: HAIR LOSS

Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

2/11/14
Date: 2/11/14
Name: _____ Age: _____ Wt.: _____ Ht.: _____ Ph#: _____
Meds: _____ C.C.: 3 MONTHS
" FEELING LIKE ACTIVITY
EXHAUSTION BLACK OUT ACTIVITY

Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

CONFIDENTIAL
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022364

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Date: 1/12/12
 Name: _____ Age: _____ Wt: _____ Ht: _____ Ph#: _____
 Meds: CALLED #HOLIE # c.c.: TX ARKINGTON
JUST BIDS 98 YRS. OLD HAD A
HEART ATTACK.
 Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
 Recommendation: _____

Date: 1/12/12
 Name: _____ Wt: _____ Ht: _____ Ph#: _____
 Meds: 3 DAYS, FEELS WORSE
TREED
 Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
 Recommendation: _____

CONFIDENTIAL
 CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022492

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Date: 7/1/9 / / Age: Wt.: Ht.: Ph#:
Name:
Meds: C.C.: was calling saying "a friend of
a friend had been told that
to the hospital" - wanted to verify
Current Dose: Suggested Dose: Med. Hx:
Recommendation: I am sure she is a Metabolife user
who is in Indiana

CONFIDENTIAL
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022539

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

✓ Date: 8/23
Name: _____ Age: _____ Wt: _____ Ht: _____ Ph: _____
Meds: _____ C.C. CALLING FOR CUSTOMER
CUSTOMER HAD HEART ATTACK
THINKS IT WAS MET.

Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

has used
same words
as given 12p
info.

CONFIDENTIAL
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022584

4-20-99

Date: _____
Name: _____ Age: _____ Wt.: _____ Ht.: _____ Ph#: _____
Meds: _____ C.C.: Mr. Huang -
(Solizum)
Current Dose: _____ Suggested Dose: _____
Recommendation: _____ Med. Hx. _____

MIPER022800

Appendix 2. Metabolife Serious Adverse Events (continued)

Date: 1-13-99

Name: K+, [unclear], Tri-tyl, Age: 61 Wt.: 185[#] Ht.: 5'7 1/2" Ph# [unclear] pain in chest - took NTG 2 P
 Meds: HTN, [unclear], [unclear], [unclear], [unclear] C.C.: [unclear] - 432* stood up - stroke - 4 legs gone out.
 FEB 1998 CAT SCAN neg. St. Mary's Dubuque. (B) side wait nurse
↓ thinking, speak well

Current Dose: 2 TID Suggested Dose: _____ Med. Hx: _____
 Recommendation: _____

Date: 1-13-99

Name: _____ Age: 25 Wt.: 202* Ht.: 4'9" Ph# _____

Meds: 0 C.C.: shaky - drinks coke -
eats alot -

Current Dose: _____ Suggested Dose: 2 30* Med. Hx: _____
 Recommendation: 8 1/2 12 130 3 25
1 1/2 1 1/2

CONFIDENTIAL
 CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022308

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

12

Recommendation: _____

12

Date: 1-22 WI
 Name: _____ Age: _____ Wt.: _____ Ht.: _____ Ph: _____
 Meds: on 8/2 mds Thiazide #CT2 C.C.: 8/98 head mini stroke 8/24 KD DT extd.
Ka # 122 DJR \$50 refund
1046 will see neurologist
 Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
 Recommendation: _____

CONFIDENTIAL
 CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022325

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Date: 1/25
Name: 157-25794 Age: Wt.: Ht.: Pt:
Meds: CC: TRANSFERRED TO DAN
"LEGAL" CUSTOMER THAT HAD
1 STROKES - LAWYERS
Current Dose: Suggested Dose: Med. Hx:
Recommendation:

CONFIDENTIAL
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022479

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

| | | | | |
|------------------|---------------------------|---------|-----------|------|
| Date: 1/17 | Age: 29 | Wt: 150 | Ht: 5'11" | Ph#: |
| Name: | | | | |
| Med: 1/17 STROKE | C.C.: | | | |
| 1/17 STROKE | BP - 170/100 - "CAPTEINE" | | | |
| 1/17 STROKE | Med. Hx: STROKE | | | |
| Current Dose: | Suggested Dose: | | | |
| Recommendation: | | | | |

CONFIDENTIAL
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022496

Appendix 2. Metabolife Serious Adverse Events (continued)

~~sympat~~
 rx - Flonase
 steroid
 inhaler
 doesn't
 Timoptic
 glaucoma
 eye drops
 gtt

138 lbs 65 yrs
 off ~~for~~ on - ~~see~~ 6 months
 2 3 →
 2 in morning
 B - yogurt, fruit
 L - 1/2 sandwich
 D -
 egg, toast
 high bran
 cereal
 toast
 12mg ephedrine
 3 winter (coffee)

right after started
~~matter~~ drainage out of Left eye
 both eyes
 occasional drainage
 eyes glued shut
 never thought about connection
 2 wks ago mild stroke
 severe dry eyes
 eyes turning
 gray with
 red veins

ordered
 patch
 requesting
 refund

CONFIDENTIAL
 CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER023002

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

2/10/00

Date: 2/10/00

Name: [redacted]

Age: [redacted] Sex: [redacted]

Med: TRANSFERRED

TO: DJ

DAUGHTER HAD A SEIZURE SAW THE SEGRIST ON 02/10/00 AND SHE

Current Date:

Suggested Date:

Med. Ex. CALLED 02/10/00 GAVE HER PHONE NUMBER.

sect

CONFIDENTIAL
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER023029

Appendix 2. Metabolife Serious Adverse Events (continued)

1/14

HEALTH INFORMATION CALL DOCUMENTATION

- talked c

Date: _____
 Name: _____ Wt.: _____ Ht.: _____ Ph#: _____
 Meds: _____ C.C.: _____ off Met & 2 wks
 ✓ Sister - grand mal seizure this eve - Met since Sept. NO says drug-related.
 Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
 Recommendation: look ii Metabolite some day of seizure

✓ Meds: _____ UA C.C.: heartburn
replied #6 ok? sure but try 2
 Current Dose: _____ Suggested Dose: _____ Med. Hx: try bread
 Recommendation: don't soon p taking 7 weeks milk

Date: _____
 Name: _____ Age: _____ Wt.: _____ Ht.: _____ Ph#: _____
 Meds: _____ C.C.: _____
 Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
 Recommendation: _____

CONFIDENTIAL
 CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER023468

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Date: _____
Name: _____ Age: _____ Wt: _____ Ht: _____ Ph#: _____
Med: _____ C.C.: "Stroke Aunt ^(Cousin) ~~sister~~ suffered"
should ~~not~~ stop taking
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

CONFIDENTIAL
REDACTED

MIPER023663

Appendix 2. Metabolife Serious Adverse Events (continued)

Joe

HEALTH INFORMATION CALL DOCUMENTATION
DATE

Name _____ Age _____ Weight _____ Phone# _____
of caps qd _____ Timing _____ Duration 1 hr
Side effect? _____ Breakfast intake _____
Migraine HA Lunch _____
Dinner _____
Water intake _____ Caffeine/alcohol intake _____
Medications _____ Medical history/similar symptoms _____
of bottles _____ Lot # _____
Recommendations _____
wanted return (sister's husband died)

Name _____ Age _____ Weight _____ Phone# _____
of caps qd _____ Timing _____ Duration _____
Side effect? _____ Breakfast intake _____
Lunch _____
Dinner _____
Water intake _____ Caffeine/alcohol intake _____
Medications _____ Medical history/similar symptoms _____
Lot # _____ # of bottles _____
Recommendations _____

Name _____ Age _____ Weight _____ Phone# _____
of caps qd _____ Timing _____ Duration _____
Side effect? _____ Breakfast intake _____
Lunch _____
Dinner _____
Water intake _____ Caffeine/alcohol intake _____
Medications _____ Medical history/similar symptoms _____
Lot # _____ # of bottles _____

CONFIDENTIAL
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER023695

Appendix 2. Metabolife Serious Adverse Events (continued)

[illegible]

CONFIDENTIAL
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER023877

Appendix 2. Metabolife Serious Adverse Events (continued)

1 **Friday**
May
1998
Williams A2

| | |
|-------|-----------------------|
| 7:00 | 3 hrs - chest |
| 7:30 | arm, head neck |
| 8:00 | stunned |
| 8:30 | head - some lines |
| 9:00 | took to chair - |
| 9:30 | hospit - kt |
| 10:00 | EKG - |
| 10:30 | angioplasty - |
| 11:00 | cardiac mela |
| 11:30 | cardiac mela |
| 12:00 | blood thinner |
| 12:30 | |
| 1:00 | Zestil |
| 1:30 | isosorbide |
| 2:00 | plavix |
| 2:30 | ASA |
| 3:00 | |
| 3:30 | told MD - in hospital |
| 4:00 | but not told MD |
| 4:30 | |
| 5:00 | |

CONFIDENTIAL
REDACTED

MIPER024166